

Tax Year 2006

Dear Sir or Madam:

RE: Disabled Exemption - RSA 72:37-b

Enclosed are the guidelines and application to be completed in order for the Town to verify your eligibility to receive the Disabled Exemption for tax year 2006. Please complete the form as soon as possible, but no later than March 24, 2006, and return it to the Selectmen's Office, PO Box 378, 2 Town Hall Road, Newton, NH 03858.

Also enclosed is a copy of the DISABLED EXEMPTION QUALIFICATIONS for your guidance, which requires that the following documentation be provided in order to be considered:

- a. Copy of the most recent checking account statement
- b. Copy of the most recent savings account statement
- c. Statements regarding the value of stocks, bonds, annuities, and cash surrender value on life insurance policies, IRA's, CD's, etc.
- d. Previous year or current Federal Income Tax filing
- e. Must be filed no later than April 15th in order to receive the exemption for that tax year
- f. Must complete form PA-29 no later than April 15, 2006 which is available in the Selectmen's Office.

Be assured that all your information will be kept confidential. If you have any questions, please contact the Selectmen's Office at 382-4405.

Respectfully,

Nancy J. Wrigley
TOWN ADMINISTRATOR

**DISABLED EXEMPTION QUALIFICATIONS – EFFECTIVE APRIL 1, 2005
(RSA 72:37-b)**

-DEADLINE TO FILE - APRIL 15, 2005–

BENEFIT - \$85,000 VALUATION REDUCTION

1. THE DISABLED EXEMPTION FROM PROPERTY TAX IN THE TOWN OF NEWTON SHALL APPLY TO ANY PERSON WHO IS ELIGIBLE UNDER TITLE II OR TITLE XVI OF THE FEDERAL SOCIAL SECURITY ACT FOR BENEFITS TO THE DISABLED AND IS APPLIED ON A YEARLY BASIS.
2. THE EXEMPTION MAY BE APPLIED ONLY TO PROPERTY WHICH IS OCCUPIED AS THE PRINCIPAL PLACE OF ABODE BY THE DISABLED PERSON. THE EXEMPTION MAY BE APPLIED TO ANY LAND OR BUILDING APPURTENANT TO THE RESIDENCE OR TO MANUFACTURED HOUSING IF THAT IS THE PRINCIPAL PLACE OF ABODE.
3. APPLICANT MUST HAVE BEEN A NEW HAMPSHIRE RESIDENT FOR FIVE YEARS PRIOR TO APRIL 1st. APPLICANT MUST HAVE OWNED THE RESIDENCE BY APRIL 1st INDIVIDUALLY OR JOINTLY OR IF THE RESIDENCE IS OWNED BY A SPOUSE, THEY MUST HAVE BEEN MARRIED FOR AT LEAST 5 YEARS.
4. APPLICANT MUST HAVE A NET INCOME OF LESS THAN \$24,000 IF MARRIED, A COMBINED NET INCOME OF LESS THAN \$38,000.
5. NET INCOME TO BE DETERMINED BY DEDUCTING FROM ALL MONIES RECEIVED FROM ANY SOURCE WHATSOEVER, THE AMOUNT OF ANY OF THE FOLLOWING, OR THE SUM THEREOF.
 - A. LIFE INSURANCE PAID ON THE DEATH OF THE INSURED
 - B. EXPENSES AND COSTS INCURRED IN THE COURSE OF CONDUCTING A BUSINESS ENTERPRISE
 - C. PROCEEDS FROM THE SALE OF ASSETS
6. APPLICANT HAVING ASSETS NOT TO EXCEED \$55,000 EXCLUDING THE VALUE OF THE DEELLING, AND UP TO 1.38 ACRES OF LAND.
7. INITIAL APPLICATION MUST BE SUBMITTED ***ON OR BEFORE APRIL 15th*** OF THE TAX YEAR IN WHICH YOU SEEK THE EXEMPTION.
8. PLEASE BRING IN COPIES OF THE FOLLOWING:
 - A. PENSION STATEMENT
 - B. SOCIAL SECURITY BENEFIT STATEMENT
 - C. BANK STATEMENTS-COMplete-ALL PAGES
(CHECKING, SAVINGS, IRA, CD'S, STOCKS, BONDS, ETC.)
 - D. PREVIOUS YEAR FEDERAL INCOME TAX
 - E. LETTER FROM SOCIAL SECURITY STATING DISABILITY IS FROM TITLE II OR TITLE XVI
 - F. TRUST DOCUMENT (IF APPLICABLE)

TOWN OF NEWTON, NEW HAMPSHIRE

PLEASE COMPLETE THE FOLLOWING APPLICATION IN ORDER THAT THE ASSESSING DEPARTMENT MAY DETERMINE YOUR ELIGIBILITY FOR THE EXEMPTION FOR THE DISABLED.

NAME: _____

RESIDENCE: _____
(Principle Place of Abode)

ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ MAP/LOT: _____

SECTION I

1. I AM PRESENTLY MARRIED_____ SINGLE_____
2. I HAVE BEEN A NEW HAMPSHIRE RESIDENT SINCE _____
3. MY PRINCIPLE PLACE OF ABODE IS NEWTON YES_____ NO_____
4. ARE YOU ELIGIBLE UNDER TITLE II OR TITLE XVI FO THE FEDERAL SOCIAL SECURITY ACT? YES_____ NO_____
5. YOUR YEARLY HOUSEHOLD INCOME CAN BE CALCULATED FROM THE FOLLOWING INFORMATION:

A. YEARLY PENSION(S) (NOT INCLUDING SOCIAL SECURITY) \$_____200_____
B. ALL DIVIDENDS RECEIVED (STOCKS, BONDS, ETC.) \$_____200_____
C. SOCIAL SECURITY \$_____200_____
D. INTEREST RECEIVED \$_____200_____
(BANK ACCOUNTS – SAVINGS, CHECKING, CD)
E. PROCEEDS FROM THE SALE OF ASSETS \$_____200_____
F. EXPENSES AND COSTS INCURRED IN THE COURSE OF CONDUCTING A BUSINESS ENTERPRISE \$_____200_____
G. LIFE INSURANCE PAYMENT(S) RECEIVED \$_____200_____
H. ALL EMPLOYMENT INCOME \$_____200_____

* NOTE: Please provide copies of your most recent statements for items A, B, C

H. ALL RENTAL INCOME RECEIVED \$_____200____

I. INCOME NOT LISTED ABOVE-LIST SOURCES

(Includes any assistance from others)

_____ \$_____200____

_____ \$_____200____

TOTAL INCOME \$_____ **200** ____

SECTION II
APPLICANT'S TOTAL ASSETS

1. DO YOU OWN ANY OTHER REAL ESTATE IN ADDITION TO
YOUR RESIDENCE IN NEWTON? YES____ NO____

2. IF "YES", WHERE IS IT LOCATED? _____

3. ESTIMATED MARKET VALUE OF OTHER PROPERTY \$_____200____
A COPY OF THE REAL ESTATE TAX BILL(S) FROM OTHER COMMUNITIES MUST BE FURNISHED.

4. ESTIMATED MARKET VALUE OF YOUR CAR(S), TRUCK(S),
BOAT(S), EQUIPMENT, ETC. \$_____200____

5. MARKET VALUE OF STOCKS, BONDS, MUTUAL FUNDS,
CERTIFICATES, ETC. \$_____200____

6. TOTAL VALUE OF INDIVIDUAL RETIREMENT
ACCOUNT (I.R.A.) \$_____200____

7. CURRENT CHECKING ACCOUNT(S) BALANCE \$_____200____

8. CURRENT SAVINGS ACCOUNT(S) BALANCE \$_____200____

TOTAL ASSETS..... \$_____ **200** ____

9. CURRENT MORTGAGE BALANCE ON PROPERTY \$_____200____

10. NAME OF MORTGAGE HOLDER: _____

* NOTE: It is important that copies of your most recent statements for item numbers 3, 4, 5, & 6 be submitted with your application.

**SECTION III
GENERAL INFORMATION**

1. HAVE YOU EVER RECEIVED A DISABLED EXEMPTION FROM ANY OTHER
COMMUNITY IN NH OR OTHER STATES? YES_____ NO_____
2. IF YES, GIVE NAME OF COMMUNITY GIVING EXEMPTION_____
3. A COPY OF YOUR **FEDERAL I.R.S. FORM MUST ACCOMPANY YOUR
APPLICATION.**
4. IF YOU HAVE NOT FILED A FORM, WHEN WAS THE LAST YEAR YOU FILED?
19____ / 200 ____
5. HAVE YOU FILED A STATE OF NH INTEREST & DIVIDENDS TAX FORM?
YES_____NO_____

**UNDER THE PENALTIES OF PERJURY, I HEREBY DECLARE THAT THE ABOVE
STATEMENTS ARE TRUE, THAT I HAVE BEEN A RESIDENT OF NEW HAMPSHIRE FOR THE
LAST FIVE YEARS PRECEDING APRIL 1ST, AND THAT THE PROPERTY ON WHICH
EXEMPTION IS CLAIMED IS MY RESIDENTIAL REAL ESTATE. (Defined in RSA 72:37-b).**

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SPOUSE

DATE